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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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DEPARTMENT OF THE ARMY
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WASHINGTON, D.C. 20310

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INDEXED

IN REPLY REFER TO

AGAM-P (M) (29 Sep 67) FOR OT RD

4 October 1967

SUBJECT: Operational Report - Lessons Learned, Headquarters,
67th Evacuation Hospital

TO: SEE DISTRIBUTION

1. Subject report is forwarded for review and evaluation by USACDC in accordance with paragraph 6f, AR 1-19 and by USCONARC in accordance with paragraph 6c and d, AR 1-19. Evaluations and corrective actions should be reported to ACSFOR OT within 90 days of receipt of covering letter.

2. Information contained in this report is provided to insure appropriate benefits in the future from Lessons Learned during current operations, and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

Kenneth G. Wickham

KENNETH G. WICKHAM
Major General, USA
The Adjutant General

1 Incl
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DEPARTMENT OF THE ARMY
HEADQUARTERS 67TH EVACUATION HOSPITAL
APO San Francisco 96238

AVCA-MB-GB-EA


3 May 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 30 April 1967 (RCS CSFOR-65)

THRU: Commanding Officer
44th Medical Brigade
ATTN: AVCA-MB-PO
APO 96307

TO: Assistant Chief of Staff for Force Development
Department of the Army
Washington, D.C. 20310

The OPERATIONAL REPORT-LESSONS LEARNED of this headquarters for the quarterly period ending 30 April 1967 is forwarded in accordance with Army Regulation 1-19 and LC Regulation 870-3.


HENRY C. COSAND
LTC, MC
Commanding

1 Incl
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FOR OT RD File
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SECTION I

SIGNIFICANT ORGANIZATIONAL ACTIVITIES

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A. During the report period the Unit Headquarters of this hospital accomplished its assigned mission of command and control of enlisted personnel of the unit.

B. A significant improvement in control of troops was accomplished by completion of the second two story semi tropical troop billets at the 67th Evacuation Hospital Compound. The building was constructed thru self help and is utilized to accommodate ninety-eight enlisted personnel who previously were billeted in tents on the 85th Evacuation Hospital Compound. A shower and wash room are presently under construction by self help with a target date for completion of 10 May 1967. Morale has been improved by establishing a day room in a quonset building.

C. The safety program continued to receive maximum emphasis resulting in only one minor vehicle accident during the report period.

D. The overall strength of the unit has decreased from 400 on 31 January 1967 to 362 on 30 April 1967.

E. During this period two medical wards were closed because of shortages of personnel. These wards were reopened on 12 March 1967 and patients from wards 6 and 8 were transferred to 10 and 12, and wards 6 and 8 were redesignated, ward 6 for general surgery and ward 8 for GU, ENT, dental and orthopedic overflow. Medical wards are 9 through 12 with a total of 139 beds for the medical service. On 20 April 1967 the following areas were designated for neuro-surgical patients: 10 - 15 beds in Surgical Intensive Care, 10 beds in Anesthesia Recovery Room, and 20 beds on ward 1 for overflow.

F. A total of eighteen (18) enlisted men with nursing service MOS's remain assigned to non-nursing duties to provide required services in other sections such as PX, Mail Room, EM's Day Room, Drivers, etc.

G. A total of forty-three (43) nurses were assigned during this period, all with DEROS in February and March 1968. Some nurses will be transferred to the 71st Evacuation Hospital when it becomes operational. Two nurses will be transferred to the 6th Convalescent Center in the near future. Twenty-seven (27) nurses departed during this period and two (2) nurses on TDY from the 71st Evacuation Hospital returned to their unit on 1 April 1967.

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H. The period covered by this report has seen, virtually, a complete turn over in personnel of the 67th Evacuation Hospital. During the month of February, 119 of the individuals assigned this hospital departed ACS. March saw 75 leave and April approximately 30. However this month also saw new replacements arriving to take the place of the old. Eighty-three individuals arrived in February, fifty in March and forty-five in April.

I. On 2 February 1967 Second Lieutenant Stonell B. Greene, MSC and Second Lieutenant Duane E. Berreth, MSC arrived for duty with the 67th Evacuation Hospital as Assistant Registrar and Detachment Commander respectively. Lieutenant Greene replaced Captain Robert Clemons and Lieutenant Berreth replaced Captain Anthony Zucca.

J. On 7 February 1967 Lieutenant Colonel James B. Rank, MSC was transferred to the 67th Evacuation Hospital from the 18th Surgical Hospital at Pleiku to be the new Executive Officer replacing Lieutenant Colonel Sweiter who rotated back to the states for an assignment at Madigan General Hospital on 15 February 1967.

K. Captain John A. Wilson, MSC on 8 February 1967 replaced Captain Norbert Stingle, MSC as Adjutant. Captain Wilson came from Headquarters, Fort Sam Houston, Texas. Captain Stingle was transferred to DeWitt Army Hospital at Fort Belvoir, Virginia, where he became CO of a medical company.

L. Major Donald J. Cissell, MSC was assigned to the 67th Evacuation Hospital as Supply Officer on 10 February 1967. Major Cissell replaced Major George Mc Intyre, MSC who rotated back to the states for an assignment with the 5th Infantry Division (M) at Fort Carson, Colorado.

M. Captain Nancy R. Link, ANC, MOS 3442 arrived for duty with the 67th Evacuation Hospital on 18 February 1967.

N. Captain George D. Henning, MC, MOS 3100 was transferred to the 67th Evacuation Hospital on 19 February 1967.

O. On 21 February 1967 the following ANC Officers arrived for duty with the 67th Evacuation Hospital. Major Maria Segura, MOS C3448; Captain Lilac Stevens, MOS 3448; First Lieutenant Trinko L. Bunch, MOS D3448; First Lieutenant Betty A. Lawing, MOS D3448; First Lieutenant Ann D. Mc Garry, MOS D3448; First Lieutenant Mary J. Perkins, MOS 3448; Second Lieutenant Jana L. Darnold, MOS 3449.

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P. These were followed on 22 February 1967 by Captain Christine Durbin, MOS 3446 and First Lieutenant Grace Barolet, MOS 3449 on 23 February 1967.

Q. On 26 February 1967 nine more ANC arrived for duty with the 67th Evacuation Hospital. These were First Lieutenants Barbara Skromak, MOS 3448; Sara Bessant, MOS 3449; Kathryn Silvanic, MOS 3448; Anne Mc Connell, MOS 3448; Mary Raplee, MOS 3448; Judith Sverchek, MOS 3448; and Second Lieutenants Suzanne Wagner, MOS 3449; Nancy Zlatin, MOS 3449. Also arriving this date was Lieutenant Colonel Johnnie E. Long, new Chief Nurse replacing Lieutenant Colonel Coover who rotated to the states for an assignment at Walson Army Hospital at Fort Dix, New Jersey. Captain Leonard Martince, MC, MOS 3100 also reported for duty on 26 February 1967.

R. On 28 February 1967 Major Helen Sederowicz, ANC, MOS 3448 reported for duty with the 67th Evacuation Hospital.

S. Captain Jimmie Clemons, MC, MOS 3129 reported for duty as Psychiatrist for the 67th Evacuation Hospital. Captain Clemons replaced Captain Harry Tischler who returned to the states for an assignment at DeWitt Army Hospital, Fort Belvoir, Virginia.

T. On 4 March 1967 another doctor reported for duty with the 67th Evacuation Hospital, Captain Arnold Urist, MOS C3139, internist.

U. Seven additional nurses reported for duty on 5 March 1967. They were Captain Shirley Ward, MOS 3446; First Lieutenant Hal Lay, MOS 3449; First Lieutenant Judy Hartline, MOS 3449; Second Lieutenant Heidi Ubel, MOS 3449; Second Lieutenant Kathleen Motichika, MOS 3448; Second Lieutenant Robert Ursy, MOS 3448; and Second Lieutenant Dennis Smith, MOS 3445.

V. On 10 March 1967 Captain Robert Hayman, MSC, MOS 4490 was transferred to the 67th Evacuation Hospital from the 18th Surgical Hospital. Captain Hayman replaced Major Cissell who was transferred to the 32nd Medical Depot at Cam Ranh Bay. Also reporting for duty on 10 March 1967 were 13 additional nurses. These were First Lieutenant Eleanor Kutchoodan, MOS 3448; First Lieutenant Patricia Bugart, MOS 3448; First Lieutenant Cynthia Orndorff, MOS 3443; First Lieutenant Phyllis Oshiro, MOS 3442; Second Lieutenant Elpidio Laurel, MOS 3443; Second Lieutenant Cecilia Dillion, MOS 3448; Second Lieutenant Mary Vinisko, MOS 3437; Second Lieutenant Sarah Cory, MOS 3448; Second Lieutenant Sally Napolliello, MOS 3449; Second Lieutenant Anne Flanigs, MOS 3449; and Second Lieutenant Sandra Millard, MOS 3448.

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W. On 11 March 1967 Captain Brian Riel, DC, MOS 3170, reported for duty as Dental Officer.

X. Lieutenant Colonel Henry C. Cosand, MC, assumed command of the 67th Evacuation Hospital 14 March 1967 and replaced Lieutenant Colonel Robert M. Hall, Commanding Officer, of the 55th Medical Group who had been acting commander since February when Lieutenant Colonel Holzworth left to assume his new duties at Fitzsimons General Hospital.

Y. On 23 March 1967 Captain Sheldon W. Damberg, MOS 3306 and Captain Daniel B. Goodstein, MOS 3171 arrived for duty at the 67th Evacuation Hospital with assignment in Radiology and Oral Surgery, respectively.

Z. Arriving on 26 March 1967 were First Lieutenants Douglas Kersey, AMSC and Richard L. Little, MSC. First Lieutenant Kersey is a physical therapist and has been extremely busy setting up shop and beginning his physical therapy program. First Lieutenant Little was assigned to the Supply Section where he stayed until 25 April 1967 at which time he was reassigned to the 85th Evacuation Hospital.

A-1. Captain Reuben Eastwood, MSC was assigned to the 67th Evacuation Hospital on 6 April 1967 replacing Second Lieutenant Duane E. Berreth as Detachment Commander. Second Lieutenant Berreth was reassigned to the 14th General Dispensary in Qui Nhon. Also arriving on 6 April 1967 was Major Janis Sube, MC, MOS C3150, new Chief of Professional Services and Chief, Surgical Service.

B-1. WO1 Ray N. Smith, MOS 94A arrived 16 April 1967 as Mess Officer. Mr Smith replaced CW2 Bernard J. Ciemiewicz who left in March for an assignment at Fort Carson, Colorado with the 5th Infantry Division (M).

C-1. Captain Sheldon Pass, MC, MOS C3125 reported for duty on 22 April 1967 to fill the vacancy left when Major Stanley Galas returned to the states for an assignment at Madigan General Hospital.

D-1. Captain Robert Hermanutz, MSC report for duty on 23 April 1967 to replace Captain Reuben Eastwood as Detachment Commander. Captain Eastwood has been reassigned in Vietnam.

E-1. Captain Richard N. Dixon, MSC reported for duty on 26 April 1967. Captain Dixon is replacing Captain David Soberg as Registrar. Captain Soberg will be returning to the states in May to attend the MSC Advanced Officers Course at Medical Field Service School at Fort Sam Houston, Texas.

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F-1. During this four (4) months period the following equipment has been received and issued to provide improved patient care and treatment. Two (2) Aquamatic K Thermia Machines, Model KK200; one (1) to Recovery Room and Surgical ICU, and one (1) to Medical ICU. Eight (8) tables, Surgical Instrument and Surgical Dressing, issued to the operating room. Two of these tables were set up to support cardiac arrest and can be moved freely within the operating room, surgical ICU and Recovery room. Twenty-four (24) Bedside Tables, Metal, were received and six (6) each were issued to wards 1, 3, 10 and 12, to replace the wooden constructed bedside tables. Twenty-four (24) wooden bedside tables were given to the medical detachment for use in the Enlisted Man's billets as night stands; these were badly needed in the billets.

G-1. 2,700 Band, Patient Identification, Adult Size, Plastic, were received and on 20 April 1967 the Identification Band became a required part of the admission procedure.

H-1 Nursing Service administration is continuing to evaluate nursing standards, techniques and procedures to delete or implement changes which will improve patient care, ie. using bedside screens to provide patient privacy and maintain the patient's dignity during dressing changes, treatments, baths, and etc..

I-1. The Registrar Division of this hospital has experienced a 90% turn over during this report period. A definite lack of continuity existed due to the lack of timely replacements.

J-1. The heavy work load that exists in the Patient's Clothing and Baggage Room and Patients Trust Fund made it necessary to move one man from the A&D Section to this area for a total of three men. It is noteworthy to point out that the TO&E of an Evacuation Hospital does not provide for the staffing of these two critical areas. Men have to be drawn from within the inadequate structure of the Registrar Division to perform these full time duties.

K-1. The 25th Casualty Staging Facility Began processing patients from this hospital for out of country evacuations during the last week in March 1967. To date the system agreed upon by the two units has been highly successful. The completed Clinical Record Cover Sheets, plus the evacuation request forms are furnished the Air Force unit on the day prior to evacuation. The CSF contacts FEJMRO for hospital designations on each patient and prepares necessary travel orders and manifests for movement. On the day of movement, the CSF positions prepared litters on the appropriate ward for each patient. The patients are moved to the flight line upon arrival of the evacuation aircraft. This has been a highly

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successful bi-service operation. The utilization of an Air Force CSF has greatly reduced the work load of the Registrar Division of this hospital and created a more orderly method of patient evacuation.

A. PERSONNEL:

1. ITEM: The assignment of inexperienced nurse anesthetists has placed a hardship upon the one (1) anesthesiologist who has the responsibility for their supervision, but due to the requirement to support several severely wounded at the same time, he often is unable to supervise or support all of the nurse anesthetists.

DISCUSSION: Because of the lack of supervision of the nurse anesthetists during an inflow of casualties it was recommended that consideration be given to assigning a nurse anesthetist who was more experienced in anesthesia to assist in the supervision of the less experienced nurse anesthetist.

OBSERVATION: This recommendation was well received by the Chief Nurse of the 44th Medical Brigade, and the recommendation will be taken into consideration when a nurse anesthetist is assigned in the future. In addition, assignment of a second anesthesiologist, MOS 3115, would greatly aid the anesthesiology problem.

2. ITEM: Second in-country promotions for support troops.

DISCUSSION: Second in-country promotions are authorized primarily for combat troops. Many Medical personnel receive first in-country promotions shortly after arrival in the theater and proceed to fill positions of the next higher grade in an exemplary manner for the remainder of their tours. Lack of opportunity for advancement tends to demoralize.

OBSERVATION: Revision of existing regulations pertaining to second in-country promotion to exclude that portion which states recommendation for second in-country promotions for support troops should be rare, would greatly enhance the morale of medical support troops.

3. ITEM: Security

DISCUSSION: This unit furnished eight (8) Sentinels of the Guard daily during the month of April 1967, twenty-four (24) Commanders of the Reliefs for the month of April 1967 and twelve (12) Sergeants of the Guard for the month of April 1967. Medical technicians used for this duty hamper patient care and by the nature of training does not furnish the type of security required for an airfield complex.

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OBSERVATION: A provisional security platoon, properly trained, would provide better airfield security and free vitally needed medical personnel for patient care and treatment.

B. LOGISTICS:

1. ITEM: Dust and noise from QUI NHON AIRFIELD has become a serious problem.

DISCUSSION: Propellers of conventional and rotary aircraft create an excessive amount of air turbulence with concurrent movement of dust which permeates every building in the hospital complex. In order to prevent contamination and control the spread of infection by airborne bacteria among patients, it is necessary that complete asepsis be accomplished. This is difficult under present conditions.

OBSERVATION: The roads are being oiled and treated and paved. The surrounding area of the hospital is being sodded. The sealing and air conditioning of a few of the buildings has been accomplished. A request has been submitted to wall off the area between the air strip and the hospital complex to eliminate the noise and dust. Air conditioning of the ophthalmology quonset has been requested.

2. ITEM: The water supply to the hospital is adequate, but non-potable due to lack of filtration.

DISCUSSION: Potable water is being trucked in from the 85th Evacuation Hospital for the mess hall tanks and filling five gallon cans for ward delivery.

OBSERVATION: An Erdilator has reportedly been previously approved but not installed as of this date.

C. SUPPLY:

1. ITEM: Shortages of Autoclave Tape, Saline Tablets and Colostomy bags.

DISCUSSION: Central Material Section and the operating room have been unable to obtain an adequate supply of autoclave tape through the supply channel and these sections, to conserve their present supply of autoclave tape, have purchased tape from the PX to secure supplies and equipment packaged for autoclaving, and in addition, placed a small piece of the autoclave tape on each package prior to putting packages through the autoclave cycle to indicate that these packages had been autoclaved. It hasn't been possible to obtain saline tablets necessary to prepare saline solutions for use in the operating room and wards. At the present time, saline solution for the wards is prepared with table

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salt and the pharmacy has the extra duty of weighing the salt used in preparation of saline solutions. The supply of saline tablets on hand at present time is used exclusively for making solution for use in OR. The chronic shortage of colostomy bags is a difficult problem as many patients need this item. To meet this requirement the personnel have written to their friends in the states at the various military installations to send them this item from their supply section, and when these are exhausted, the plastic urinary bag is converted into a colostomy bag. This requires time and is not always satisfactory.

OBSERVATION: This shortage appears to be at the supply depot and not with Medical Supply Section at the 67th Evacuation Hospital. The supply officer will investigate the reason for these shortages and institute steps to prevent these shortages from occurring by continued follow-up of requisitions.

2. ITEM: The need for a warming closet for solutions in the operating room still exists.

DISCUSSION: At the present time a small instrument sterilizer is being utilized for warming solutions which isn't adequate for the demand in surgery. This requirement has become ever more acute upon assuming the responsibility on neuro-surgical patients on 21 April 1967.

OBSERVATION: If possible, give the procurement of the warming closet for solutions first priority over items of less importance.

3. ITEM: Insufficient quantity of suction machines (other than gastric suction).

DISCUSSION: The operating room's urgent requirement for seven (7) additional suction machines to support optimal suction of the severely injured casualties undergoing surgery and the need for at least one for the medical intensive care unit has continued to exist. In addition, surgical ICU and Recovery Room will require five (5) to support the neuro-surgical patients, and ward 1 will need two (2) to support the overflow of neuro-surgical patients.

OBSERVATION: Four (4) suction machines, cabinet, were received on 14 April 1967 and were issued to the operating room. The operating room released one (1) suction machine, portable for use on the medical Intensive Care Unit. The receipt of the four (4) suction machines, cabinet, has relieved the urgent need for additional suction machines in the operating room and medical Intensive Care Unit. But there is still the need for seven (7) to support the neuro-surgical patients.

SECTION II PART II

RECOMMENDATIONS

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A. PERSONNEL:

1. Recommend a nurse anesthetist who is well experienced in anesthesia be assigned to the 67th Evacuation Hospital as soon as one becomes available in Vietnam, and the assignment of a second anesthesiologist.
2. Revision of USARV Regulation 600-200, paragraph 4C (3) and paragraph 4C (4) to show no distinction between combat arms and support troops.
3. Establish an efficient security force for airfield security on a permanent basis thereby relieving medical personnel from airfield security guard.

B. LOGISTICS:

1. That all buildings of the 67th Evacuation Hospital be air conditioned.
2. That an Erdilator be installed as soon as one becomes available from Post Engineers, Qui Nhon Sub Area Command.

C. SUPPLY:

1. Investigation of reasons for shortages of autoclave tape, saline tablets, and colostomy bags. Place these items on a higher priority than other expendible itmes of less importance and demand.
2. Procure a warming closet for solutions in the operating room as soon as one can be obtained.
3. Seven additional suction machines be obtained to support neuro-surgical patients.

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ANNEX A

CIVIC ACTIONS

1. During the time frame of this report thirteen visits were made to the Qui Hoa Leprosarium and general medicine treatment was given to approximately 450 patients. Also several patients are brought to the 67th Evacuation Hospital weekly for x-ray.

2. The Professional Staff of this hospital continue to provide a weekly medical consultation service to assist Sister Elise, MD, of the Holy Family Hospital in Qui Nhon. Most of these patients are orthopedic and cardiac.

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AVCA-MB-GB-C (3 May 1967) 1st Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 30 April 1967 (RCS CSFOR-65)

Headquarters, 55th Medical Group, APO 96238, 15 May 1967

TO: Commanding Officer, 44th Medical Brigade, ATTN: AVCA-MB-PO, APO 96307

This headquarters concurs generally with the comments of the Commanding Officer, 67th Evacuation Hospital with the following exceptions:

a. Personnel:

(1) This hospital is authorized and has one (1) anesthesiologist PMOSC 3115 and five anesthetists PMOSC 3445. In addition, it is carrying as attached an additional anesthetist PMOSC 3445. With the attachment of the 138th Med Det (KE) to the 67th Evac, minus its 3115, it is realized that the anesthesia needs of this hospital have greatly increased, however, when considered in the scope of the group-wide needs for 3115's and 3445's versus the available supply it would appear the needs of the 67th, while pressing, are diminished greatly.

(2) While the relative justice or injustice of the provisions of USARV Reg 600-200 para's 4c(3) and 4c(4) are often a matter of personal opinion it must be pointed out that this unit has yet to recommend any of its enlisted personnel for a second in-country promotion. Several units within this group have successfully recommended and obtained a second in-country promotion for their personnel.

(3) Since submission of this report by preparing unit the airfield security plan has been revised. Presently the 67th and the 85th are levied by the Qui Nhon Support Command for six (6) guards each on a thirty (30) day basis. This presents a definite problem for efficient operation of these facilities. In addition to the six guards levied for airfield guard, the 85th Evacuation Hospital, located approximately one mile from the airfield, must provide its own internal security force of eleven (11) men. This matter was taken up with the Qui Nhon Support Command with negative results.

b. Supply:

(1) Although there was a period when autoclave tape was in short supply the problem does not exist now. There was no apparent need for people to purchase tape since a suitable substitute could have been obtained from SSSC.

(2) The shortage of saline tablets is an unjustified complaint. Saline solution is available in prepared bottled form under FSN 6505-153-8651 Sodium chloride Injection, 1000cc.

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AVCA-MB-GB-C

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15 May 1967

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Ending 30 April 1967 (RCS CSFOR-65)

(3) Colostomy bags have been a problem which is presently
being investigated.

FOR THE COMMANDER:



ALAN R. GIEVER
1LT, MSC
Adjutant

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AVCA-MB-PO (3 May 1967)

2nd Ind

SUBJECT: Operation Report - Lessons Learned for Quarterly Period
Ending 30 April 1967 (RCS CSFOR-65)

HEADQUARTERS, 44th Medical Brigade, APO 96307, 3 June 1967

TO: Commanding General, 1st Logistical Command, ATTN: AVCA-GO-O
APO 96307

1. The contents of basic document and first indorsement thereto have been reviewed.


2. This report is forwarded with comments pertaining to Section II, Part II (Recommendations) as follows:

a. Personnel. This headquarters concurs with the views expressed by the 55th Medical Group in the preceding indorsement.

b. Supply. These problems seem to have been local in nature and have since been corrected.

TEL: Lynx 382

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F. W. TIMMERMAN
COL, MC
Commanding

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AVCA GO-O (3 May 67) 3d Ind
SUBJECT: Operational Report for Quarterly Period Ending 30 April 1967
(RCS CSFOR 65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307

7 JUL 1967

TO: Deputy Commanding General, US Army Vietnam, ATTN: AVHGC-DH, APO 96307

1. The Operation Report - Lessons Learned submitted by the 67th Evacuation Hospital for the quarterly period ending 30 April 1967 is forwarded.
2. Reference page 11, paragraph 2, and page 15, paragraph A2: UNCLAS USARV msg 35542 clarifies policy for in-country promotions.
3. Reference page 12, paragraph 2: Concur: Hospital water supply system as designed by OICC and constructed by RMK/BRJ fails to meet standards established by USARV Reg 40-45 because of the high iron content of well water which supplies the hospital.
 - a. The US Army Engineer Command requested US Army Vietnam Surgeon's approval to have skid mounted purification unit installed by troop unit of their command in lieu of a more elaborate iron removal plant design by OICC (Letter, AVCC-BCP, 20 Mar 67, subject: Water Treatment for 67th Evacuation Hospital, Qui Nhon).
 - b. US Army Vietnam Surgeon approved substitution on 1st Indorsement (AVHSU-PM, 1 Apr 67) and requested this command make available requested water purification units.
 - c. This command released required water purification units on 17 Apr 67 to the 45th Engineer Group.
 - d. The US Army Engineer Command, Vietnam (Provisional) has not installed water purification units as yet, despite repeated requests by the US Army Support Command, Qui Nhon, Engineer to the 45th Engineer Group.
 - e. A message was sent from this headquarters to CG, US Army Engineer Command, Vietnam, on 14 Jun 67 requesting installation of water purification units be expedited.
4. Reference page 15, paragraph A3: The establishment of a provisional security unit for air-field security is a local command matter not requiring action by this headquarters. The CO, 67th Evacuation Hospital should coordinate this matter with the installation coordinator.
5. Reference page 15, paragraph B1: Concur in part. Paragraph 8b, USARV Reg 420-5, dated 4 June 1966, listed the area in hospitals for which air conditioning may be requested. Requests for air conditioning must be forwarded to HQ, USARV, in five copies for approval.

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AVCA GO-0

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(RCS CSFOR 65)

6. Reference page 15, paragraph B2: Concur. Erdlators are available at the Qui Nhon Depot and have been released to the 45th Engineer Group for installation as part of the MCA funded hospital construction.

7. The 67th Evacuation Hospital engaged in combat service support for 89 days during the reporting period.

8. Concur with basic report as modified by indorsement. The report is considered adequate.

FOR THE COMMANDER:

TEL: LYNX 782/430

1 Incl
nc

Timothy S O'Hara

TIMOTHY S. O'HARA
1ST, INF
Acting Asst AG

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AVHGC-DST (3 May 67) 4th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
30 April 1967 (RCS CSFOR-65) (U)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96375 16 AUG 1967

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-OT,
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 30 April 1967 from Headquarters, 67th Evacuation Hospital as indorsed.

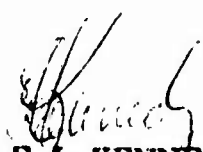
2. Pertinent comments follow:

a. Reference item concerning second in-country promotions, page 11, page 15 and paragraph a(2), 1st Indorsement: Concur with that portion which indicates medical personnel are performing in an exemplary manner and should be given chances for promotions. The guidance contained in the regulation that promotion of support troops should be rare, does not preclude their promotion - it is a commander's judgment decision. There have been numerous promotions of personnel in MOS 91-series under the second in-country policy. However, it is not within the purview of USAFV to adjust guidance received from DA regarding second in-country promotions for support troops. Nonconcur that USAFV Msg 35542 clarified policy for in-country promotions. Per DA authority, the message only temporarily (for a period 25 May-30 Jun) lifted restrictions on the number of times an individual may be promoted in-country; also, authorized accelerated promotions for outstanding soldiers to grades E4, E5 and E6. This authority was automatically withdrawn effective 1 July. On 3 July, USAFV forwarded a request to DA that the restriction on the numbers who could be promoted be lifted permanently.

b. Reference item concerning hospital water supply, page 12, section II, part I, paragraph b2 and paragraph 3, 3d Indorsement: Concur. Construction directive was prepared by USAECV(P) on 17 June 1967 and forwarded to MACDC for authorization and funding. Follow up action has been initiated.

FOR THE COMMANDER:

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E. L. KENNEDY
CPT, AGC
Asst Adjutant General

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SUBJECT: Operational Report for the Quarterly Period Ending 30 April 1967
from HQ, 67th Evacuation Hosp (RCS CSFOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 1 3 SEP 1967

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters has reviewed subject report and concurs in the
report as indorsed.

FOR THE COMMANDER IN CHIEF:



H. SNYDER

CPT, AGO

Asst AG

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